



# Needham Public Health Department

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## Needham Health Department Swimming Pool/Special Purpose Pool

Application for : ☐ Swimming Pool ☐ Wading Pool ☐ Special Purpose Pool  
(Check one only)

☐ Indoor ☐ Outdoor

Location: \_\_\_\_\_

Owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Pool Operator\*: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
(\*PLEASE INCLUDE COPY OF CPO CERTIFICATE – Application will not be  
processed without it.) Email: \_\_\_\_\_

Pool Finish: \_\_\_\_\_ Length: \_\_\_\_\_  
(walls and bottom)

Width: \_\_\_\_\_ Volume: \_\_\_\_\_

Source of Water: \_\_\_\_\_

Size: Swimming Area (square feet) \_\_\_\_\_  
Non Swimming Area (square feet) \_\_\_\_\_ Diving  
Area (square feet) \_\_\_\_\_  
Maximum Pool Capacity (persons) \_\_\_\_\_

Scum Gutter: \_\_\_\_\_

Decking Type: \_\_\_\_\_ Minimum Width: \_\_\_\_\_

Mechanical Information: \_\_\_\_\_

Filters:	Type	_____
Total Filter	Area	(square feet) _____
Circulation Rate		(g.p.m.) _____
Backwash Rate		(g.p.m.) _____
Turn-Over Rate (hours)		_____

Skimmers: Weir Length \_\_\_\_\_ Number \_\_\_\_\_  
Chlorinator: Type \_\_\_\_\_ Capacity \_\_\_\_\_  
Chemical Feeders: \_\_\_\_\_ Capacity \_\_\_\_\_ Quantity \_\_\_\_\_

Remarks: \_\_\_\_\_

Sketch swimming pool dimensions on the back of sheet including dimensions and depth locations

Signed: \_\_\_\_\_ Date: \_\_\_\_\_